

**CONFERENCE REGISTRATION FORM**  
**HIV TESTING: NEW DEVELOPMENTS AND CHALLENGES**  
**February 28 – March 1, 2005**  
**Grosvenor Resort, Orlando, FL**

Name and Degree(s): \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I plan to submit an abstract ☐

Tentative title of abstract: \_\_\_\_\_

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Registration Fee: \$125.00

My registration fee will be paid by:

- ☐ VISA, MasterCard or American Express
- ☐ Check
- ☐ Purchase Order

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You may submit this form now and you will be contacted no later than January 24, 2005 to process your payment.

You can mail this form to:

Anne Shuttleworth  
c/o CDC NCHSTP DHAP  
1600 Clifton Road, Mailstop E-49  
Atlanta, GA 30333

Fax this form to Anne Shuttleworth at: 404 639-2007.

Questions? Call Anne at 404-639-1975.